

TO ESTABLISH **CHILD SUPPORT**

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To Get The First Court Order

Part 1: Completing and Filing
the Court Papers
(Forms Packet)

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SELF-SERVICE CENTER

ESTABLISH COURT ORDER FOR CHILD SUPPORT

PART 1 -- PETITION AND OTHER COURT PAPERS

This packet contains court forms to file a Request to Establish an Order of Child Support. Be sure the documents are in the following order:

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SELF-SERVICE CENTER

FORMS

PETITION AND PAPERS FOR FIRST COURT ORDER FOR CHILD SUPPORT

CHECKLIST

You may use these forms if . . .

- ✓ You are the natural or adoptive parent or legal guardian of the child (or children), or you have a court order awarding you custody of the child(ren), **AND**
- ✓ If seeking support from the father, paternity has been *legally* established by:
 - A court order establishing paternity, **OR**
 - In the hospital, when the child was born or afterwards, **both** parents signed an affidavit acknowledging paternity stating the name of the father, resulting in the father's name being entered on the birth certificate, **AND**
- ✓ You are providing support for or have physical custody of the child(ren) of the other party, **AND**
- ✓ You know the name and address of the other party, or where the person can be found, **AND**
- ✓ The child(ren) resided (lived) in Arizona at least 6 months before you file the petition (or if younger than 6 months, since birth) or you talked to a lawyer who advised that you could pursue the case in Arizona at this time. **AND**
- ✓ You want a court order to establish child support BUT NOT child custody and visitation at this time.

READ ME: Before filing documents with the Court, consult **a lawyer** to help guard against undesired and unexpected consequences. The Self-Service Center has a list of lawyers who can give you legal advice and who can help you on a task-by-task basis for a fee, and a list of court-approved mediators as well. You may view the lists at the Self-Service Centers or from our web site at: <http://www.superiorcourt.maricopa.gov/ssc/provider/lawyers.asp>

**Superior Court of Arizona
Maricopa County
Family Court Cover Sheet**

For Use *WITH* Minor Children

Check only one:

- ☐ **Dissolution (Divorce)**
☐ **Legal Separation**
☐ **Annulment**
☐ **Order of Protection**
☐ **Paternity**
☐* **Custody/Visitation**
☐* **Child Support**
☐ **Other** _____

* Check only if no other category applies

**Case Number (Clerk will stamp
case # when documents are filed)**

ATLAS number(s): (if applicable)

Instructions:

- You must provide the following information about yourself and the other party.
- Type or print neatly in black ink.
- If more room is needed for children or Petitioner/Respondent, please attach a separate page.

Information About the Petitioner:

Name: _____

Address: _____

City, State, Zip: _____

Home phone #: (____) _____

Work phone number: (____) _____

Cell phone/pager: (____) _____

Date of Birth: _____

Social Security _____

E-mail address: _____

Information About the Respondent:

Name: _____

Address: _____

City, State, Zip: _____

Home phone #: (____) _____

Work phone number: (____) _____

Cell phone/pager: (____) _____

Date of Birth: _____

Social Security#: _____

E-mail address: _____

Lawyer's Name and Bar Number: _____
 (Provide this information only if YOU have an attorney)

Names, Dates of Birth, and Social Security Numbers for Minor Children Involved:		
Name:	DOB:	SSN:
Name:	DOB:	SSN:
Name:	DOB:	SSN:
Name:	DOB:	SSN:

Names and D/O/B's of any OTHER minor children of the petitioner and/or the respondent, who are NOT involved in this case: _____

Have there been any other cases (EXCLUDING minor traffic offenses) in any court involving members of this family? p Yes p No. If yes, please describe, and provide case numbers if known: _____

Domestic Violence Section

Is anyone mentioned on this cover sheet currently a victim of any family or domestic violence?

☐ Yes ☐ No

Has anyone listed on this cover sheet been the plaintiff, defendant, or named in a petition for an Order of Protection? ☐ Yes ☐ No

If Yes, please identify:

Was the Order of Protection granted by the Maricopa County Superior Court?

☐ Yes ☐ No

If No, in what court was the Order of Protection granted? _____

Children's Issues Section

Are any of the children named above in any physical danger due to abuse or neglect?

☐ Yes ☐ No

Has anyone named on this sheet had any involvement with Child Protective Services in Arizona?

☐ Yes ☐ No

If Yes, please provide the CPS or Juvenile Court case number: _____

INTERPRETER: Is an interpreter needed for either of the parties? If so, please check the appropriate boxes below. **NOTE: THIS IS NOT A REQUEST FOR AN INTERPRETER, THIS INFORMATION IS TO BE USED FOR INTERNAL PURPOSES ONLY.**

☐ Petitioner ☐ Respondent Language: ☐ Spanish ☐ Other _____

LOCATION (Check the Superior Court location where you are filing these documents):

☐ Downtown Phoenix (201 W. Jefferson St.) ☐ Northeast Phoenix (18380 N. 40th St.)

☐ Southeast Regional (222 E. Javelina, Mesa) ☐ Northwest Regional (14284 W. Tierra Buena, Surprise)

Name: _____
 Mailing Address: _____
 City, State, Zip Code: _____
 Daytime Phone Number: _____
 Evening Phone Number: _____
 Representing: ☐ Self ☐ Petitioner ☐ Respondent
 (If Attorney) State Bar Number: _____

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

_____ Petitioner	Case No. _____ ATLAS No. _____ SENSITIVE DATA SHEET (Not public record)
_____ Respondent	

Fill out. File with Clerk of Court. Omit Account Numbers and Social Security Numbers
 (except on "Orders of Assignment") when requested on other forms.

A. Personal Information:

	Name	Date of Birth <small>(Month/Day/Year)</small>	Social Security Number
Petitioner:	_____	_____	_____
Respondent:	_____	_____	_____
Child:	_____	_____	_____
Child:	_____	_____	_____
Child:	_____	_____	_____
Child:	_____	_____	_____

B. Financial Account Numbers (including credit cards, financial and investment accounts, debts):

Financial Institution	Type of Account	Name(s) of Account Owner	Account #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Pension and Retirement Accounts (including IRAs, 401Ks):

Financial Institution	Type of Account	Name(s) of Account Owner	Account #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. Life Insurance Policies:

Insurance Company	Type of Policy	Name(s) of Policy Owner	Policy #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Person Filing: _____(1)
 Address: _____
 City, State, Zip Code: _____
 Daytime/Evening Telephone Number: _____ / _____
 ATLAS Number (if applicable): _____
 Person Filing is: ☐ Self, Without a Lawyer or
 Attorney for ☐ Petitioner ☐ Respondent
 Attorney Bar Number (if applicable): _____

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

_____(2) **Petitioner** **CASE NO.** _____(3)
vs.
 _____(2) **Respondent** **PETITION TO ESTABLISH**
CHILD SUPPORT

I am providing support for or have physical custody of the following child(ren):

(4) Name (first, middle, last)

Date of Birth

The other party is the natural or adoptive parent of the child(ren) listed above and has a legal duty to provide support pursuant to A.R.S. § 25-501.

(5) Paternity for the above-named minor child(ren) common to the above parties was established by:

- ☐ Court Order from this county or previously transferred to this county. (A.R.S. § 25-502(c))
☐ Affidavit of Acknowledgment filed on or after July 21, 1996 in accordance with A.R.S. § 25-812-814, or § 36-334).
☐ Parties were legally married when child(ren) was (were) born, conceived, or adopted.

WHEREFORE, I request that the court take any or all of the following actions.

- A.** Order the other party to pay Guideline Child Support and provide other relief as requested in the attached Parent's Worksheet.
B. Order payment of costs and attorney fees, if appropriate.
C. Order such other relief as deemed necessary and appropriate by the court.

I have read the foregoing document and the facts therein are true and correct to the best of my knowledge.

Do not sign until directed to do so by a Notary Public or a Clerk of the Superior Court.

(6) _____
Requesting Party

STATE OF ARIZONA)
COUNTY OF _____)

Subscribed and sworn or affirmed and acknowledged before me this date

by _____

 Notary Public or Clerk

My commission expires:

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Name of Petitioner

Case No. _____

ORDER TO APPEAR REGARDING ESTABLISHMENT OF CHILD SUPPORT

Name of Respondent

READ ME: This is an important Court Order that affects your rights. Read this Order carefully. If you do not understand this Order, contact a lawyer for help.

Based on the _____, the documents filed with it,
and pursuant to Arizona Law,

IT IS ORDERED THAT YOU _____ (name) appear at the
time and place stated below so the court can determine whether the relief asked for in the Motion/Petition should be
granted.

NAME OF JUDICIAL OFFICER: _____

DATE AND TIME OF HEARING: _____

PLACE OF HEARING: Maricopa County Superior Court

ADDRESS: _____

IT IS FURTHER ORDERED that a true copy of this ***“Order to Appear”*** and a true copy of the
Motion/Petition and documents filed with the Motion/Petition shall be served by the moving party on the parties who
are required to appear and a true copy of these documents shall be mailed immediately to parties who have appeared
in this action, in accordance with Arizona Rules of Family Law Procedure, Rules 40-43, 47.

Requests for reasonable accommodation for persons with disabilities must be made to the office of the Judge or
Commissioner scheduled to hear this case five days before your scheduled court date.

DONE IN OPEN COURT: _____
Judge/Commissioner of the Superior Court

READ ME. This is a 15-minute proceeding with the court. The court will determine if more time is needed. All
parties, whether represented by attorneys or not, must be present. If there is a failure to appear, the court may make
such orders as are just, including granting the relief requested by the party who does appear.

(1) Name of Person Filing : _____
 Phone Number(s): _____ / _____
 In this case I am ☐ Petitioner or ☐ Respondent Or ☐ represented by Attorney
 (IF) Attorney, Name: _____ Bar No.: _____
 Atty. Email: _____ Atty. Phone: _____

**SUPERIOR COURT OF ARIZONA
 IN MARICOPA(2) COUNTY**

PARENT'S WORKSHEET FOR CHILD SUPPORT

(3) Petitioner _____ (4) Case No. _____

(3) Respondent _____ (4) ATLAS _____

(5) Total Number of Children: _____

(6) Parent with Primary Custody: Father ☐ Mother ☐

(7) Parent who is filing this form: Father ☐ Mother ☐

(8) Gross Income figures for the OTHER PARENT are:

- ☐ **ACTUAL**, with proof, such as a recent W2 or pay stub attached, or other party's signed statement.
☐ **ESTIMATED**, based on facts or knowledge of pay before promotion or of others in similar job.
☐ **ATTRIBUTED**, based on what other party could and should be earning (see Guidelines 4e).

	FATHER		MOTHER
Gross Income (Pre-Tax Income. Before deductions.)	\$ _____	(9)	\$ _____
Spousal Maintenance Paid	\$ -	(10)	\$ -
Spousal Maintenance Received	\$ +	(11)	\$ +
Child Support Paid/Contributed	\$ -	(12)	\$ -
Support of Other Children Paid	\$ -	(13)	\$ -
Adjusted Gross Income	\$ _____	(14)	\$ _____
Combined Adjusted Gross Income	(15)	\$	_____
Basic Child Support Obligation	(16)	\$	_____
Plus Costs for:			
Medical/Dental/Vision Insurance	\$ _____	(17)	\$ _____
Childcare	\$ _____	(18)	\$ _____
Education Expenses	\$ _____	(19)	\$ _____
Extraordinary/Special Needs Child Expenses	\$ _____	(20)	\$ _____
No. of Children Age 12 or Over _____ Adjustment _____ %	(21)	\$	_____
Total Adjustments for Costs	(22)		_____
Total Child Support Obligation	(23)	\$	_____

	FATHER		MOTHER	
Each Parent's % of Combined Income	_____	%	(24)	_____ %
Each Parent's Share of Tot. Support Obligation	\$ _____		(25)	\$ _____

Adjustment for Non Custodial Parent's Costs Associated with Parenting TimeUsing Table A ☐ Table B ☐ (26)

No. of Days _____ = _____% Adjustment (from table)

x Line (16) \$ _____ (Basic Child Support Obligation) \$ _____ (27) \$ _____

Less Noncustodial Parent's Costs for:

Medical/Dental/Vision Insurance* \$ _____ (28) \$ _____

Childcare* \$ _____ (29) \$ _____

Education Expenses* \$ _____ (30) \$ _____

Extraordinary/Special Needs Child Expenses* \$ _____ (31) \$ _____

*Subtract here ONLY if ADDED-IN items 17-20 above

Adjustments Subtotal \$ _____ (32) \$ _____

Preliminary Child Support Amount \$ _____ (33) \$ _____

Self Support Reserve Test for Parent Who Will Pay

Amount from Line (14) (Adj. Gross Inc.)

Minus Reserve Amount - \$775

Total = \$ _____ (34) \$ _____

Child Support to be Paid by: Father ☐ Mother ☐ \$ (35) \$

Share of Travel Expenses Related to Parenting Time* _____ % (36) _____ %

*Only for expenses related to travel over 100 miles, one way.

Share of Medical/Dental/Vision Costs Not Paid by Insurance _____ % (37) _____ %

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: _____
Date_____
Signature of Parent